DEPARTMENT OF EMERGENCY MEDICINE **RECOMMENDATION FORM**
UPSTATE MEDICAL UNIVERSITY
SYRACUSE, NY 13210

INSTRUCTIONS FOR THE APPLICANT

Please type or print in black ink the information required in the top section of this form, and forward to your recommender. Upon return to you, include the unopened envelope, with the recommender's name written across the seal, with your application package.

Applicant's Name: _____ Social Security No. _____ - _____ - _____
Last First Middle

In accordance with federal regulations, materials in student files, such as recommendation forms are open to inspection upon request, unless the student has waived the right of access in advance. Please indicate your wish by completing and signing the statement below. Your right to review this form is considered waived if you do not circle a response.

I (circle one) DO DO NOT Waive access to this recommendation

Applicant's Signature: _____ Date: _____
Applicant's Address: _____
Number, Street & Apartment City State Zip Code

INSTRUCTIONS FOR THE RECOMMENDER

This form should be returned in the envelope provided. Please seal it and sign across the seal. The applicant will forward the recommendation unopened to the Department of Emergency Medicine with other application materials. We are aware of the time and care necessary to prepare this evaluation and thank you for your assistance.

Name of Individual completing this form: _____
Position/title: _____
Organization: _____
Address: _____
_____

Please compare the applicant with others you have known during your professional career. For each of the categories below, check the appropriate box.

	Outstanding (top 2%)	Excellent (top 10%)	Good (top 25%)	Average (25%-75%)	Below Average (bottom 25%)	Unable to Assess
Analytical ability						
Quantitative ability						
Written English						
Interpersonal skills						
Maturity						
Positive attitude						
Self-confidence						
Motivation						
Recognition of situations that are outside applicant's area of competence						
Capacity to accept and respond to constructive criticism						
Overall assessment for academic study in the paramedic field						

ADDITIONAL QUESTIONS

Please complete the following questions in the space provided or in a separate letter.

1. How long have you known the applicant and under what circumstances?

2. What do you consider the applicant's most outstanding talents or characteristics?

3. What are the applicant's chief liabilities or weaknesses?

4. Please describe other qualities that distinguish this applicant from other students or health care professionals with whom you are familiar.

5. Please check as appropriate:

   - ❑ I recommend this applicant strongly
   - ❑ I recommend this applicant
   - ❑ I do not recommend this applicant at this time

Recommender's Signature: _____ Date: _____

Daytime telephone number: _____ Fax number: _____

E-mail address: _____